

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VARGAS, PIEDRA & CO.

Account Number : T20070000148 Phone : (305)671-0003 Fax Number : (305)671-6263

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRISTOL TOWER 3305 LLC**

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
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Electronic Filing Monu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

| | TOP TOWER 330 | | | |
|---|---|---|---|----------------------|
| (Name of the Lin | itted Ljability Com (A Florida Jamrio | pany us it now appear d Liability Company) | 3 on our records,) | |
| The Articles of Organization for this Limited | Liability Compar | ny were filed on ⁰⁸ | -26-2014 | and assigned |
| Florida decument number L14000133839 | | | <u></u> | min ezziRuso |
| This amendment is submitted to amend the fo | flowing: | | | |
| A. If amending name, enter the new name | of the limited lis | bility company ho | ire: . | |
| N/A | | -, | | - |
| The new parie must be distinguishable and contain the | words 'Limited Lin' | bility Company," the d | esignation "I.C" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | N/A | | |
| (Principal office address MUST BE A STRE | | | | |
| | | | | |
| | | • | | |
| Enter new mailing address, if applicable: | | | · | |
| Malling address MAY BE A POST OFFICE | EBOX) | | | |
| | | 48-8 | | |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: | Vor registered of Mee address he | office address on re: | our records, enter | the name of the ne- |
| TAILE OF THEM REGISTERED AROUN. | | | | |
| New Registered Office Address: | | Faire State | | |
| | | unier rior | ida street address | |
| | ** | City | ., Florida | Zip Code |
| New Registered Agent's Signature, if changing | Registered Ameni | - | | ZID C.OUE |
| • | | | | |
| hereby accept the appointment as register wovisions of all statutes relative to the projections of the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this | per and complete istered agent us registered offici | e performance of . provided for in C | my duties, and I am j hanter 605 F.S. Or | familiar svith and |
| | 1 | | | |
| | 1f Chr | Inging Registered Ag | ent, Signature of New Ro | giatered Agent |

Page 1 of 3

To:18506176383

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u> </u> | Address | Type of Action |
|---------|--|----------------------|----------------|
| AMBR | Torres Fernandez, Angel | 2127 Brickell Avenue | = Add |
| | | Unit 3305 | □ Romove |
| | 7 | Mismi, Fl, 33129 | ☐ Change |
| AMBR Mi | Ramirez Fernandez, lagros Del Valle | 2127 Brickell Avenue | ■ ∧dd |
| | | Unit 3305 | □ Remove |
| | | Miami, Fl 33129 | □ Change |
| AMBR | Torres Ramirez, Maria Milagros | 2127 Brickell Avenue | |
| | | Unit 3305 | ☐ Kanova |
| | | Miami, Fl 33129 | ☐ Change |
| AMBR | Torres Ramirez, Moria Gabriela | 2127 Brickell Avenuc | ₽ Add |
| | | Unit 3305 | Remove |
| | | Miami, FL 33129 | ☐ Change |
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| | | | D Ramove |
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| | | | □ Remove |
| | | | ☐ Change |

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| | than the date of filing the date must be specific at in this block does not so on the Department of | | (opti- filing or more than 90 days after story filing requirements, this | onal) filing.) Pursuant to 605.0 state will not be listed |
| ie som day anter | delayed effective the record is filed | date, but not an eff. | ective time, at 12:01 a | a.m. on the earlier |
| Juno 16. | | 2018 | | |
| | X am | of True | | |
| | Signature of a | a member or subjorized rep | resuntative of a member | , |
| | | | | |

Page 3 of 3 Filing Fee: \$25.00